



Employer Based Wellness Program Discount Application for State Agencies and Political Subdivisions

I. Worksite Information

Agency/Political Subdivision Name & Number: Sample Small Agency 1000

Address: 400 E. Broadway Ave.; Suite #505 City: Bismarck Zip: 58502

Wellness Coordinator: Pam Binder Title: Employee Benefits Specialist

Telephone Number: (701) 328-3900 Email: pbinder@state.nd.us

Number of active employees who are enrolled in the State of North Dakota health insurance plan: 30

Estimated number of individuals participating in the Wellness Program (percentage of employees participating): 17

II. Affirmative answers to the following questions are mandatory to qualify for the discount.

- ☒ Wellness Concurrence form signed by top management?
- ☒ Wellness coordinator assigned to agency/group?
- ☒ Someone from the agency/group attend or view the NDPERS wellness forum?

III. 5 Points are required to qualify for the discount

- ☒ 1 Point – Communicate wellness materials provided by NDPERS/BCBS to individual employees on a monthly basis and promote the NDPERS smoking cessation program to employees.
- ☒ 2 Points – Complete a wellness activity (see examples provided or propose your own idea).
- ☒ 2 Points – Complete a different wellness activity (see examples provided or propose your own idea).
- ☐ 4 Points – Complete a comprehensive major wellness program.(Must have prior approval from NDPERS to qualify for full 4 points)

IV. Wellness Activity Description

Short-Term Wellness Activity 1:

Describe the wellness activity you plan on offering and methods for promotion & motivation:

The NDPERS 5-A-Day Challenge. There are materials on organizing the challenge and the implementation of the
Challenge. There will be a kick off meeting with a nutritionist on education and the actual challenge will be 4
Weeks in length. There will be pre surveys and post surveys done by all participants and an overall program
Evaluation at the end.

- | Yes | No | |
|-------------------------------------|--------------------------|------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does your program benefit the employees in your agency/group? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Do you have an evaluation plan to measure the effectiveness of your program? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Can employees continue participation after the initial program rollout? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Will management be involved in the program? |

Short-Term Wellness Activity Program 2:

Describe the wellness program you plan on offering and methods for promotion & motivation:

BCBSND Walking Works presentation that will give out pedometers. This will be part of the kickoff for a 10,000
Steps a day challenge. Participants will have to measure their steps per day over a four week period and the goal
will be to reach 10,000. They can record their steps using the pedometers from BCBSND walking works
presentation. Logs will be provided to participants to record their daily steps.

- | Yes | No | |
|-------------------------------------|--------------------------|------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does your program benefit the employees in your agency/group? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Do you have an evaluation plan to measure the effectiveness of your program? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Can employees continue participation after the initial program rollout? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Will management be involved in the program? |

Comprehensive Wellness Program:

Describe the wellness program you plan on offering and methods for promotion & motivation:

N/A

- | Yes | No | |
|--------------------------|--------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Does your program benefit the employees in your agency/group? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an evaluation plan to measure the effectiveness of your program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can employees continue participation after the initial program rollout? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will management be involved in the program? |